# UNITED STATES PATENT AND TRADEMARK OFFICE APPLICATION DATA SHEET

#### **Inventor Information**

Inventor One Given Name::

**Daniel** 

Family Name::

**Brady** 

Postal Address Line One::

30121 Saddle Ridge Drive

Postal Address Line Two::

City::

San Juan Capistrano

State or Province::

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Postal or Zip Code::

92675

Citizenship Country::

**United States** 

Inventor Two Given Name::

Paul

Family Name::

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State or Province::

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Citizenship Country::

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#### **Correspondence Information**

Name Line One::

Peter J. Gluck

Name Line Two::

Advanced Medical Optics, Inc.

Address Line One::

1700 E. St. Andrew Place

Address Line Two::

City::

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92705

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**USPTO Customer No.::** 

33357

## **Application Information**

Title Line One::

PRIMARY AND SUPPLEMENTAL

Title Line Two:

INTRAOCULAR LENS

**Total Drawing Sheets::** 

2

Formal Drawings?::

Yes

**Application Type::** 

**Utility** 

# **Representative Information**

Registration Number One::

Peter J. Gluck,.... 38,022

### **Continuity Information**

This application is a:

N/A

Application One:

Filing Date:

## **Assignment Information (Not included)**

Assignee Name::

ADVANCED MEDICAL OPTICS, INC.

Postal Address Line One::

1700 E. St. Andrew Place

Postal Address Line Two::

City::

Santa Ana

State or Province::

California

Postal or Zip Code::

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